

INSTRUCTIONS FOR THE APPLICATION FOR LICENSURE

The application for licensure is for both the licensed practical nurse and the registered nurse. Complete all sections as outlined below. **An incomplete application will be returned to you.** Boxes are provided for you to mark those areas of the application that you have completed. If you have any questions, go to the KBN website at <http://kbn.ky.gov>, select "Programs and Services" and select the areas listed to search for information.

Licensure fees and regulatory requirements are subject to change. Application fees are NON-REFUNDABLE.

Fees are as follows:	Examination	\$110	Reinstatement	\$120
	Endorsement	\$120	Change to Active or Inactive Status	\$95

You are required to complete the following sections of the application related to your method of application:

Method of Application

Examination

Endorsement

Reinstatement

Change to Active or Inactive Status

Complete These Sections

1, 2, 3, 4, 5, 6, 7, 11, 12

1, 2, 3, 4, 5, 6, 9, 11, 12 Either Attachment 2 or the NurSys Form

1, 2, 3, 4, 5, 6, 10, 11, 12 Attachment 1 (If Applicable)

1, 2, 3, 4, 5, 6, 10, 11, 12 Attachment 1 (If Applicable)

SECTION 1: BIOGRAPHICAL DATA

- ☐ If the name on your application differs from the name on any documentation submitted for licensure, you must include a copy of a legal name change document with your application. You are required to notify the KBN office in writing of any subsequent address or legal name change within 30 days. If you are NOT a U.S. citizen, you must include a copy of legal immigration documentation.

SECTION 2: TYPE AND METHOD OF APPLICATION

- ☐ Darken the appropriate circle to indicate whether you are applying for a RN or LPN license.
- ☐ Mark the appropriate method of application:
- (1) **EXAMINATION:** You will be taking the NCLEX examination.
 - (2) **ENDORSEMENT:** You hold an active nursing license in another jurisdiction.
 - (3) **REINSTATEMENT:** Your Kentucky license lapsed, and you want an active Kentucky license.
 - (4) **CHANGE TO ACTIVE STATUS:** You have an inactive Kentucky license and want an active Kentucky license.
 - (5) **CHANGE TO INACTIVE STATUS:** You hold an active Kentucky license and want an inactive Kentucky license.

SECTION 3: APPLICANT'S NURSING EDUCATION

- ☐ The information in this section must reflect the educational preparation for the type license you are now applying. If you are an LPN applying to Kentucky for an RN license, the school information you provide in this section must reflect the RN program. Similarly, if you are an RN who graduated from a diploma or ADN program and later completed a BSN program, the information in this section must reflect the first RN program completed. Additional Education: Lines are provided for you to list any additional educational programs you completed.
- ☐ If your nursing education was not in the U.S., refer to the insert entitled "Foreign Educated Applicants for Licensure" or go to http://kbn.ky.gov/foreign_educated_applicants.htm to review this information.

SECTION 4: DISCIPLINARY HISTORY

- ☐ Boards of nursing report disciplinary actions taken on nurses' licenses to the NCSBN. If you have had disciplinary action taken by another nursing board, you must include a copy of the board's action and a letter of explanation with this application. **Failure to report a disciplinary action EVER taken on a nursing license you held is deemed to be falsification of the application and subjects you to disciplinary action by KBN.**

SECTION 5: CRIMINAL HISTORY

- ☐ A criminal history search is completed on applicants for licensure in Kentucky. **Failure to report any criminal convictions EVER received is deemed to be falsification of the application and subjects you to disciplinary action by KBN.** You must submit a certified copy of the court record of each misdemeanor or felony conviction in any jurisdiction and a letter of explanation that addresses each conviction EXCEPT for traffic related misdemeanors (other than DUIs) OR misdemeanors older than 5 years. If you have had criminal convictions, file your application with KBN at least 3 months prior to your anticipated date of employment in Kentucky or 2 months prior to graduation. **If you previously applied for or received a Kentucky nursing license, indicate whether any misdemeanors or felonies you had were previously reviewed by KBN.**

SECTION 6: EMPLOYMENT IN KENTUCKY AS AN LPN, RN, OR ARNP

- ☐ Complete this section **ONLY** if you have accepted employment as a nurse in Kentucky. Do NOT complete this section if you are employed in a non-nursing or unlicensed position.

SECTION 7: APPLICATION FOR LICENSURE BY EXAMINATION

- ☐ This application is valid for one year from the date received at KBN or until failure of the licensure examination. A new application and fee are required each time NCLEX is to be taken.
- ☐ You must submit a criminal history report from the Administrative Office of the Court (form enclosed). You will not be made eligible to test until this report is received at KBN.
- ☐ **EVIDENCE OF GRADUATION:** As a graduate of an in-state nursing program, your school must submit your name on a certified list of graduates to KBN before you will be made eligible to test. As a graduate of an out-of-state nursing program, you must request your school of nursing to send an official transcript, with degree posted, to KBN. The transcript must be received before you will be made eligible to test.
- ☐ **HIV/AIDS EDUCATION REQUIREMENT:** Two contact hours of approved HIV/AIDS education are required for licensure in Kentucky. If you graduated from a Kentucky nursing program, you met this requirement in your prelicensure program. If you graduated from an out-of-state nursing program, you are required to meet this requirement within 6 months of licensure. Additional information is available at <http://kbn.ky.gov/ce.htm>.
- ☐ **DOMESTIC VIOLENCE EDUCATION REQUIREMENT:** Three contact hours of approved domestic violence education are required within 3 years of receiving your Kentucky nursing license. If you graduated from a Kentucky nursing program after May 1, 1998, this requirement was included in your school's curriculum. Additional information is available at <http://kbn.ky.gov/ce.htm>.
- ☐ **REGISTRATION FOR THE NATIONAL COUNCIL LICENSURE EXAMINATION (NCLEX):** The NCLEX Candidate Bulletin is included in this application packet. The form for registering for the examination is located in the center of the bulletin. Contact the test center (contact information is located in the bulletin) for questions regarding registration process, the authorization to test (ATT), or the examination. You must register with the test center before you will be made eligible to test. If you register via the Internet or by telephone and provide a valid email address, you should receive your ATT within 24 hours of being made eligible to test. If you register by mail, it may take up to 12 weeks to receive your ATT. Additional information on eligibility, the ATT, and orientation as a graduate nurse is located at <http://kbn.ky.gov/examination.htm>.

SECTION 8: ADVANCED REGISTERED NURSING PRACTICE

- ☐ If you are requesting registration as an advanced registered nurse practitioner, you must file two applications, the "Application for Licensure as an RN" and the "Application for Registration as an ARNP." There is a separate fee for each application. Additional information and the application may be found at http://kbn.ky.gov/arnp_registration.htm.

SECTION 9: APPLICATION FOR LICENSURE BY ENDORSEMENT

The application is valid for 6 months following the date received at KBN. If you fail to complete all requirements within the 6-month period, you must submit another application and pay another \$120 fee. It is your responsibility to assure that all requirements are met at least 14 days before the application expires.

- ☐ **TEMPORARY WORK PERMIT (TWP):** A TWP is valid for 6 months from the date issued and may not be extended. If all requirements for licensure are not met before the TWP expires, your application and TWP expire and you must reapply. You must hold either a TWP issued by KBN or a current active Kentucky nursing license. Working without a TWP or Kentucky nursing license subjects you to disciplinary action by KBN.
- ☐ **HIV/AIDS CE:** Proof of earning 2 contact hours of HIV/AIDS education must be received at KBN before a license will be issued. A list of approved courses can be found at <http://kbn.ky.gov/ce.htm>.
- ☐ **VERIFICATION OF ORIGINAL LICENSURE (Attachment 2 or the NurSys Form):** If your state of original licensure is listed on the NurSys form, complete the top portion of that form and send to the address as directed. If your state of original licensure is NOT listed on the NurSys form, complete the top portion of Attachment 2 and send it with the appropriate fee to the nursing board in your state of original licensure.
- ☐ **NAME CHANGE/ADDRESS CHANGE:** If the name on your application will differ from the name on any documents received by KBN, you must submit a copy of a legal name change document with this application. Address changes must be in writing.
- ☐ **TRANSCRIPTS:** Transcripts are required of applicants who were (1) originally licensed in California, Connecticut, Florida, Illinois, Iowa, Kansas, or Utah; (2) licensed by their original state of licensure before graduating from their program of nursing; or (3) as requested by KBN. Original transcripts must be sent to KBN directly from the nursing program.
- ☐ **CURRENT ACTIVE LICENSE:** Proof of current active licensure in another state or country must be submitted with this application. If your license card requires a signature, it must be signed.

SECTION 9: APPLICATION FOR LICENSURE BY ENDORSEMENT (Cont.)

- ☐ **COMPETENCY VALIDATION:** If you have been licensed more than 5 years, you must have:
- OR ☐ Worked as a nurse at least 500 hours within the 5 years preceding the date your application is received at KBN.
- OR ☐ Worked as a nurse at least 100 hours within the 5 years preceding the date your application is received at KBN. **Contact the endorsement specialist for specific competency requirements. A TWP will not be issued until this requirement is met.**
- OR ☐ Complete a KBN approved refresher course if you have not worked as a nurse at least 500 hours within the 5 years preceding the date your application is received at KBN.
- ☐ **DOMESTIC VIOLENCE CE:** Proof of earning 3 contact hours in domestic violence education must be earned within 3 years of the date you are issued your Kentucky nursing license.
- FINGERPRINTING:** Beginning August 15, 2003, all applicants for endorsement will be required to complete fingerprint cards and submit it to KBN with the additional \$24 processing fee. Any law enforcement agency can place your fingerprints on the card and complete the specified information. A criminal history report will be sent to KBN from the FBI. You may be issued a TWP before the report is received at KBN, but you will not be issued a permanent license until the criminal history report is received. A separate instruction sheet and the fingerprint card will be added to all application packets. **ALL APPLICATIONS POSTMARKED ON OR AFTER AUGUST 15 MUST BE ACCOMPANIED BY A FINGERPRINT CARD.** Additional information can be found at <http://kbn.ky.gov/endorsement.htm>.

SECTION 10: APPLICATION FOR LICENSURE BY REINSTATEMENT OR CHANGE OF STATUS

- ☐ **NAME/ADDRESS CHANGE:** If the name on your application will differ from the name on any documents received by KBN, you must submit a copy of a legal name change document with this application. Address changes must be in writing.
- ☐ **REINSTATEMENT TO OR CHANGE TO AN ACTIVE STATUS:** Proof of earning 3 hours of domestic violence education must be received at KBN before a license will be issued. A list of approved courses can be found at <http://kbn.ky.gov/ce.htm>.
- ☐ **COMPETENCY VALIDATION:** This requirement must be met before a license will be issued. Choose the method you wish to use to validate competency.
- ☐ **500 hours of employment as a nurse within the 5 years preceding the date your application is received at KBN:**
- ☐ Include a copy of an active nursing license from the state where you were employed those 500 hours.
- ☐ Complete the top portion of Attachment 1 send it to the employer who will validate that you worked the 500 hours as a nurse. **The employer must mail or fax the completed form to KBN. No Kentucky employment will be accepted.**
- OR ☐ **Continuing Education:** Submit copies of the required, KBN approved, CE credits listed on the application. At least 30 CE credits must be earned within the 2 years preceding the date your application is received at KBN. Continuing education credits earned more than 5 years preceding the date your application is received at KBN will not be accepted. **If your application is not postmarked before November 1, the CE requirement will change, and you must contact the reinstatement specialist at KBN to determine the correct number of CE credits needed.**
- OR ☐ **Refresher Course:** Complete a KBN approved refresher course if you have not worked as a nurse at least 500 hours within the 5 years preceding the date your application is received at KBN.
- ☐ **REINSTATEMENT TO OR CHANGE TO INACTIVE STATUS:** **You MUST return your current, active Kentucky nursing license with the enclosed application. You may not be employed as a nurse in Kentucky if your Kentucky license is inactive.** See <http://kbn.ky.gov/reinatement.htm>, http://kbn.ky.gov/active_status.htm, and http://kbn.ky.gov/inactive_status.htm for additional information.

SECTION 11: ACCOUNTABILITY AND RESPONSIBILITY

The portion of nursing law cited in this section explains the accountability and responsibility of all nurses licensed to practice nursing in Kentucky. **Please read it carefully.** All Kentucky nursing laws and regulations may be found at http://kbn.ky.gov/laws_&_regs.htm.

SECTION 12: NOTARY

All applications must be notarized. Do not sign the application until you are in the presence of a Notary Public. **You are held legally accountable for the truthfulness and validity of the information you provide on the application.**

PHOTOGRAPH

A passport photograph, taken no more than 6 months prior to the date the application is notarized, must be attached in the space provided. Print your name on the back of the photo in case the photograph becomes separated from the application.

Visit KBN's website at <http://kbn.ky.gov> for forms, CE requirements, CE providers, refresher courses, regulations, and other licensure information. In order to respond to questions submitted through the Webmaster, you must include your name, address, and social security number in the email message.